

N18 000 11994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

M MOON

NOV 13 2018



900320724659

FILED  
18 NOV 13 AM 9:43  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

11/14/18--01001--003 \*\*70.00

18 NOV 13 PM 3:04  
OFFICE OF THE CLERK  
TALLAHASSEE, FL 32399

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 11/13/18

☐ **CERTIFIED COPY**

**xx** **PHOTOCOPY**

☐ **CUS**

**xx** **FILING**

**FILED**  
**18 NOV 13 AM 9:43**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. **SMR MANAGEMENT INC.**  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: SMR Management INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Luis Gonzalez  
Name (Printed or typed)

1724 NE 18 St  
Address

Fort Lauderdale FL 33305  
City, State & Zip

9174565895  
Daytime Telephone number

SMRMANAGEMENTINC@hotmail.com  
E-mail address: (to be used for future annual report notification)

FILED  
18 NOV 13 AM 9:49  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

NOTE: Please provide the original and one copy of the articles.

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: SMR Management Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

1724 NE 10 Street  
Fort Lauderdale FL 33305

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Helping disadvantaged <sup>and displaced</sup> families  
find homes for rent

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: as stated  
in the bylaws

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Luis Gonzalez Name and Title: President

Address: 1724 NE 10 St Address: \_\_\_\_\_  
Fort Laud. FL 33305

Name and Title: Luis Gonzalez Name and Title: ~~President~~ Secretary

Address: 1724 NE 10 St Address: \_\_\_\_\_  
Fort Laud FL 33305

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE FL 32310

18 NOV 13 AM 9:45

FILED

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FILED  
18 NOV 13 AM 9:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Luis Gonzalez

Address: 1724 NE 18 St  
Fort Lauderdale FL 33305

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Luis Gonzalez

Address: 1724 NE 18 St  
Fort Lauderdale FL 33305

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 11/13/2018 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

\_\_\_\_\_  
Required Signature of Registered Agent

11/13/2018  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

\_\_\_\_\_  
Required Signature of Incorporator

11/13/2018  
Date